#### South Carolina State PORTS AUTHORITY

BERKARD S. GROSDOLUSE, Ju.
President and Obiof Executive Officer

PQ, Box 22287 Charleston, S.C. 2947 (-2287 USA (843) 577-8600 Tani (843) 577-8626

August 31, 2007

VIA EMAL, AND OVERNIGHT MAIL

Mr. Les Boles Director Office of State Budget 1201 Main St., Stc. 950 Columbia, South Carelina 29201

Dear Mr. Boles:

Enclosed please find the FY2008-2009 budget request of the South Carolina State Ports Authority.

We request funds of \$8.1 million as the State's match for federal funds related to the deepening of Charleston Harbor. There are no FTBs or Provisos included in our budget request.

If you have any questions, please call me at (843) 577-8600.

Sincerely.

Bernard S. Groseclose, Jr.

BSC//Rankw

**Emplosures** 

cc: Mr Peter N. Hughes, CFO

### FISCAL YEAR 2008-09 BUDGET PLAN

### I. EXECUTIVE SUMMARY

A. Agency Section/Code/Name: Y-14

S.C. State Ports Authority

- B. Statewide Mission: The mission of the South Carolina State Ports Authority is to contribute to the economic development of the State of South Carolina by fostering and stimulating waterborne commerce and shipment of freight. In pursuit of this mission, the Authority will develop, operate and maintain competitive, cost-efficient, highly productive cargo handling facilities in a fiscally responsible manner. The Authority will pursue economic opportunities that support and enhance its core business.
- C. Summary Description of Strategic or Long-Term Goals:
- (1) See above.
- (2)
- (3)

D.

Summary	y of Operating Budget		$\mathbf{F}$	UNDING				FTE	S	
Priorities	s for FY 2008-09:	State Non-	State							
		Recurring	Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority	Title:	0	0	0	0	\$ 0	0	0	0	0.00
No.:										
Strategic	Goal No. Referenced in									
Item C Al	Item C Above (if applicable):									
Activity N	Number & Name:									
Priority	Title:	0	0	0	0	\$ 0	0	0	0	0.00
No.:										
Strategic	Goal No. Referenced in									
Item C Al	bove ( <i>if applicable</i> ):									
Activity N	Number & Name:									
Priority	Title:	0	0	0	0	\$ 0	0	0	0	0.00
No.:										

<b>Summary of Operating Budget</b>	FUNDING				FTEs				
Priorities for FY 2008-09:	State Non- Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Strategic Goal No. Referenced in <a href="Item C Above">Item C Above (if applicable):</a> Activity Number & Name:									
TOTAL OF ALL PRIORITIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00	0.00	0.00	0.00

Agency Recurring Base Appropriation:
State \$

Federal\$

Other \$

Efficiency Measures:

G.

Summary of	Capital Budget Priorities:		Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Priority No.:	Project Name: Activity Number & Name: #1470 Harbor Deepening	Project No*: 9501	\$8,100,000	\$41,700,000	0	\$ 49,800,000
Priority No.:	Project Name: Activity Number & Name:	Project No*:	0	0	0	\$ 0
Priority No.:	Project Name: Activity Number & Name:	Project No*:	0	0	0	\$ 0
TOTAL OF A	ALL CAPITAL BUDGET PRIORITI	ES	\$ 8,100,000	\$ 41,700,000	\$ 0	\$ 49,800,000

<sup>\*</sup> If applicable

Number of Proviso Changes: N/A

I. I. Signature/Agency Contacts/Telephone Numbers: Peter N. Hughes, Chief Financial Officer, S.C. State Ports Authority, P.O. Box 22287, Charleston, S.C. 29413-2287, Telephone Number (843) 577-8140, Fax (843) 577-8626.

## II. DETAILED JUSTIFICATION FOR FY 2008-09 OPERATING BUDGET PRIORITIES

A.	Agency	Section/Code/Name	e: N/A
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Priority No. \_\_\_\_ of \_\_\_\_

C. (1) Title:

(2) Summary Description:

(3) Strategic Goal/Action Plan (if applicable):

Budget Program Number and Name:

Agency Activity Number and Name: E.

**Detailed Justification for Funding** F.

(1) Justification for Funding Increase:

FY 2008-09 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
Personnel:					
(a) Number of FTEs*					0.0
(b) Personal Service					\$
(c) Employer Contributions					\$
Program/Case Services					\$
Pass-Through Funds					\$
Other Operating Expenses					\$

Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
* If new FTEs are needed, plea	se complete Section	G (Detailed Justi	fication for FT	Es) below.	

(3)	Base	Appro	priation:
( - )	2000	T P P T O	primarioni

State \$
Federal \$
Other \$

(4)	Is this priority associated with a Capital Budget Priority?	?	If yes, state Ca	apital Budget	Priority Nu	mber and	Project
	Name:						

## G. Detailed Justification for FTEs

- (1) Justification for New FTEs
  - (a) Justification:
  - (b) Future Impact on Operating Expenses or Facility Requirements:

## (2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	(3)	FTEs in Program Area per FY 2007-08 Appropriation Act: State
		Federal
		Other
		Agency-wide Vacant FTEs as of July 31, 2007:%
H.	Oth	er Comments:

### III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Y-14 S.C. State Ports Authority
- B. Priority No. \_1\_ of \_1\_\_
- C. Strategic Goal/Action Plan (if applicable): N/A
- D. Project Name and Number (if applicable): Charleston 45 Foot Harbor Deepening with Project number 9501
- E. Agency Activity Number and Name: #1470 Harbor Deepening
- F. Description of Priority: Additional funding of \$8.1 million is requested to complete the Charleston Harbor Deepening project. (This amount is \$9 million less than originally projected. This cost saving results primarily from the elimination of the deepening of the Daniel Island turning basin). The project will continue deepening of the Charleston Harbor to 45 feet allowing larger container ships to utilize the Port Authority's facilities in Charleston. Existing channel depths, widths, and alignments constrain the ability of vessels to utilize the port to their design capacity, increase transit time due to limited ability to pass except at designated locations, and/or present hazardous conditions. Vessels with deeper drafts will be able to take advantage of the deeper channel and reduce transportation costs from tidal delays. Additional transportation savings will result from improved passing areas and alignments. This project has been authorized by the Federal Army Corps of Engineers at an estimated total cost of \$148 million. A cost matching agreement has been executed between the Army Corps of Engineers and the Port Authority. The State's share of this project is estimated to be a total of \$49.8 million. Funds in the amount of \$8.1 million were carried over from the 40-foot harbor deepening project and funded the start-up costs for the 45-foot project. Funding of \$24 million was received in the 1999 bond bill. In FY 2004-05 \$2.4 million was received from appropriated state funds. In FY2005-06, FY2006-07, and FY2007-08 an additional \$2.4 million was received in each of these fiscal years from capital reserve funds. An additional \$8.1 million is needed to complete the project and meet the Port Authority's obligation under the Federal cost matching agreement.

## G. Detailed Justification for Funding

(1) Justification for Funding Priority: As explained above, \$8.1 million represent the State's matching share for the Federal project.

Total Project Cost	Additional	Previously Authorized	Total Other	Project
Estimates:	State Funds	State Funds	Fund Sources	Total
Total Project Cost*	\$8,100,000	\$41,700,000		\$ 49,800,000

<sup>\*</sup> If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

	H.	Justification for First	Year Additional Future	Annual Or	perating Costs:	N/A
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(1) Will additional annual operating costs be absorbed into your existing budget? N/A. Federal government maintains the channel. If not, will additional state funds be needed in the future? If state funds will not be needed in the future, explain the source(s) that will be used. contracts with clients (fees for services)	
(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated:N/A Will this fiscal year require a partial or fu year's operating funds?N/A If a partial year's funds are required, what portion of the year does it cover?	.11

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:	J				
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs (If Section H above represents a full year's operating funds, do not complete this section.)

(1)	Will additional annual operating costs be absorbed into your existing budget?
	If not, will additional state funds be needed in the future?
	If state funds will not be needed in the future, explain the source(s) that will be used.
(2)	First Full Fiscal Year Additional Annual Operating Costs Are Anticipated:

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
<b>Total Costs:</b>					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

# J. Other Comments:

### IV. PROVISOS

- A. Affected Agency Section/Code/Name:
- B. Related Funding Priority Number (*Leave blank if not associated with funding priority*):
- C. Proviso Number (*If new indicate "New #1*," "New #2," etc.):
- D. Action (Indicate Amend, Delete, or Add):
- E. Descriptive Proviso Title:
- F. Summary of Existing or New Proviso:
- G. Explanation of Amendment to/or Deletion of Existing Proviso (If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):
- H. Explanation of How the Change Affects Current Law or Policy:
- I. Justification:
  - a) Description of why this action is necessary:
  - b) Description of how this action will contribute to the agency's mission:
  - c) Cite the section and reference paragraphs if included in your agency's Accountability Report:
- J. Fiscal Impact (*Include impact on all sources of funds state, federal, and other*):
- K. Submitted By (Include agency name submitting change, contact person name, telephone number and email):
- L. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline:

# **FY 2008-09 ACTIVITY PRIORITY ADDENDUM**

### I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name: Y14 S.C. State Ports Authority

B.

Priority Assessment of Activities				Capital			
- Highest Priorities	General	Federal	Supplemental	Reserve	Other	Total	FTEs
Activity Number & Name: 1 – #1470	0	0	\$2,400,000	0	0	\$2,400,000	0
Harbor Deepening							
Activity Number & Name: 2 – New	0	0	\$167,541,103	0	0	\$167,541,103	0
Terminal Development							
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
			\$				
TOTAL OF HIGHEST PRIORITES	\$ 0	\$ 0	\$169,941,103	\$ 0	\$ 0	\$169,941,103	0.00

# **FY 2008-09 ACTIVITY PRIORITY ADDENDUM**

### II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

A. Agency Section/Code/Name: N/A

B. Agency Activity Number and Name:

C. Explanation of Lowest Priority Status:

## D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplement al	Capital Reserve	Other	Total
Personnel:						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	0	0	0	0	0	\$ 0
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses	0	0	0	0	0	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

E. Activity Impact (Describe the impact on the activity affected including the impact on customers and clients.):

<u>F.</u>

Summary of Priority Assessment of Activities – Lowest Priorities	General	Federal	Supplement al	Capital Reserve	Other	Total	FTEs
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
TOTAL OF LOWEST PRIORITES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00